

# Compensation of Hospital Employees



DOH 422-092/CHS 257 (REV 08/01/2012)

Calendar Year: Entity Name:									
(A) Employee Name (who does not have direct patient care responsibilities)	Indicate if Lead Administrator	Hospital if applicable	(B) Breakdown of W-2 and/or 1099 MISC Compensation			(C) Retirement and Deferred Compensation	(D) Non- Taxable Benefits	(E) Total	
			(i) Base Compensation	(ii) Bonus & Incentive Compensation	(iii) Other Reportable Compensation				
1 Lewis, Eric	Yes	OlympicMedicalCenter	168,043	zero	zero	11,312	15,212	194,567	
2 Kennedy, Robert Scott	No	OlympicMedicalCenter	171,576	zero	zero	8,461	15,846	195,883	
3 Rukstad, Julie	No	OlympicMedicalCenter	146,035	zero	zero	9,754	12,046	167,835	
4 Newman, Richard	No	OlympicMedicalCenter	132,049	zero	zero	9,117	11,121	152,288	
5 Wall, Lorraine	No	OlympicMedicalCenter	125,373	zero	zero	8,873	8,671	142,917	
6								0	
7								0	
8								0	
9								0	
10								0	
11								0	
12								0	
13								0	
14								0	
15								0	

Add Additional lines as needed

Notes:

Please refer to IRS Form 990 and Schedule J for definitions of types of compensation

Form 990 Schedule J <http://www.irs.gov/pub/irs-pdf/i990sj.pdf>

If the five highest paid employees do not include the lead administrator, please report compensation information for the lead administrator on line 1, and for the five highest paid employees without patient care responsibilities on lines 2 through 6.

Please submit compensation information to DOH either by mail, fax or email to the following address:

Washington State Department of Health

Center for Health Statistics/Hospital and Patient Data Section

MS: 47814

Olympia, WA 98504-7814

Fax: (360) 753-4135

